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## BIB DATA SHEET

CONFIRMATION NO. 3188

<b>SERIAL NUMBER</b> 10/519,023	<b>FILING or 371(c) DATE</b> 01/30/2006 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 4128	<b>ATTORNEY DOCKET NO.</b> 34718	
<b>APPLICANTS</b> Benny Pesach, Rosh-Ha'ayin, IL; Michal Balberg, Jerusalem, IL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00534 06/25/2003 <b>** FOREIGN APPLICATIONS *****</b> <del>UNITED STATES OF AMERICA 80391037 06/25/2002</del> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JEFFREY BRIAN LIPITZ/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> <del>24</del> 47	<b>INDEPENDENT CLAIMS</b> <del>1</del> 2
<b>ADDRESS</b> MARTIN D. MOYNIHAN d/b/a PRTSI, INC. P.O. BOX 16446 ARLINGTON, VA 22215 UNITED STATES					
<b>TITLE</b> Method and apparatus for performing myocardial revascularization					
<b>FILING FEE RECEIVED</b> 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		